|   |                         |                               |              |   |                | Applicati               | on or D   | ocket Num           | nber                   |
|---|-------------------------|-------------------------------|--------------|---|----------------|-------------------------|-----------|---------------------|------------------------|
| PATENT APPLICA  | Mo-                     | Mo-6742/Lea 34,               |              |   |                |                         |           |                     |                        |
| CLAIMS AS FILED - PART (Column 1)   |                         |                               |              | (Column 2)                              |                | LENTITY                 | OR        | OTHER               | THAN                   |
| TOTAL CLAIMS  | 18                      | 18                            |              | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |                | E FEE                   |           | RATE                | FEE                    |
| FOR   | NUMBER I                | NUMBER FILED,                 |              | NUMBER EXTRA                            |                | FEE 370.0               | O OR      | BASIC FEE           | 740,00                 |
| TOTAL CHARGEABLE CLAIR  | vis (8 min              | 8 minus 20=                   |              | · P                                     |                | )=                      | OR        | X\$18=              |                        |
| INDEPENDENT CLAIMS  | mir                     | minus 3 =                     |              | * P                                     |                | X42=                    |           | X84=                |                        |
| MULTIPLE DEPENDENT CLA  | IM PRESENT              | RESENT                        |              |   | +140           | )=                      | OR        |                     |                        |
| * If the difference in column   | 1 is less than ze       | ro, enter                     | "0" in c     | column 2                                | TOT            |                         | OR        |                     | 740                    |
| CLAIMS AS AMENDED - PART II   |                         |                               |              |   |                |                         |           | OTHER               | THAN                   |
| (Column   |                         | (Colur                        |              | (Column 3)                              | SMA            | LL ENTITY               |           | SMALL               | ENTITY                 |
| CLAIM REMAINI AFTER AMENDM  | NG CONTRACTOR           | NUMI<br>PREVIO<br>PAID        | BER<br>DUSLY | PRESENT<br>EXTRA                        | RAT            | E TIONA<br>FEE          | L.        | RATE                | ADDI-<br>TIONAL<br>FEE |
| Total Independent   | Minus                   | ** 2                          | 0            | $\Theta_r$                              | X\$ 9          | =                       | OR        | X\$18=              |                        |
| Independent *   | Minus                   | ***                           | 3            | -6                                      | X42            | = .                     | OR        | X84=                |                        |
| FIRST PRESENTATION (  | OF MULTIPLE DEP         | ENUENI                        | CLAIM        |   | +140           | æ.                      | OR        | +280=               |                        |
| $\Omega$  |                         |                               |              |   | TO<br>ADDIT, I | TAL                     |           | TOTAL<br>ADDIT. FEE |                        |
| (Column   | n 1)                    | (Colur                        | nn 2)        | (Column 3)                              | תטטון, ו       | - CC 1                  | -         | ADDIT. I CE         |                        |
| CLAIM REMAIN AFTER AMENDM   | NG<br>R                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA                        | RAT            | ADDI<br>E TIONA<br>FEE  |           | RATE                | ADDI-<br>TIONAL<br>FEE |
| Total *   | Minus                   | * 2                           | 0            | =0                                      | X\$ 9          | =                       | OR        | X\$18=              |                        |
| Total * Independent *   | Minus                   | ***                           | 5            | =6                                      | X42            | =                       | OR        | X84≃                |                        |
| FIRST PRESENTATION (  | OF MULTIPLE DEP         | ENDEN                         | CLAIM        |   | +140           | =                       | OR        | +280=               |                        |
|   |                         | <b>.</b>                      |              |   | TO<br>ADDIT, I | TAL EE                  | OR        | TOTAL<br>ADDIT. FEE |                        |
| (Colum  | n 1)                    | (Colur                        | nn 2)        | (Column 3)                              |                |                         |           |                     |                        |
| CLAIM REMAIN AFTE AMENDM  | ING R                   | HIĞH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA                        | RAT            | ADDI-<br>E TIONA<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
| Total *   | Minus                   | **                            |              | =                                       | X\$ 9          |                         | OR        | X\$18=              |                        |
| Total * Independent *   | Minus                   | ANA                           |              | =-                                      | X42            |                         | OR        | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                         |                               |              |   | +140           | _                       | 7         | +280=               |                        |
| * If the entry in column 1 is less  | •                       | -                             |              |   |                | TAL                     | OR        | TOTAL               |                        |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ****If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate both |                         |                               |              |   |                |                         |           | ADDIT. FEE          |                        |
| The "Highest Number Previou   | isiy maid Hor" (Total o | r inaepend                    | ient) is the | e nignest number                        | tound in th    | e appropriate           | DOX IN CO | NUMN 1.             |                        |